BELMONT NURSING & REHAB CENTER

110 BELMONT RD

MADISON 53714 Phone: (608) 249-7391		Ownership:	Nonprofit Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	77	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	61	Average Daily Census:	70

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34.4
Supp. Home Care-Personal Care	No					1 - 4 Years	37.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	29.5	More Than 4 Years	27.9
Day Services	No	Mental Illness (Org./Psy)	24.6	65 - 74	18.0		
Respite Care	No	Mental Illness (Other)	3.3	75 - 84	23.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.6	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9	Full-Time Equivalent	:
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	3.3	65 & Over	70.5		
Transportation	No	Cerebrovascular	14.8			RNs	7.6
Referral Service	No	Diabetes	4.9	Gender	용	LPNs	14.0
Other Services	No	Respiratory	6.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	42.6	Male	49.2	Aides, & Orderlies	39.8
Mentally Ill	No			Female	50.8		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	6	12.8	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	9.8
Skilled Care	4	100.0	381	41	87.2	125	4	100.0	216	6	100.0	181	0	0.0	0	0	0.0	0	55	90.2
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		47	100.0		4	100.0		6	100.0		0	0.0		0	0.0		61	100.0

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BELMONT NURSING & REHAB CENTER

********	*****	******	******	******	******	*******	*****
Admissions, Discharges, and		Percent Distribution	of Residents	Condit	ions, Services, ar	nd Activities as of 12	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.6	Bathing	0.0		83.6	16.4	61
Other Nursing Homes	5.2	Dressing	4.9		83.6	11.5	61
Acute Care Hospitals	90.5	Transferring	21.3		54.1	24.6	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.2		59.0	14.8	61
Rehabilitation Hospitals	0.0	Eating	68.9		14.8	16.4	61
Other Locations	0.9	*******	******	*****	*******	********	*****
Total Number of Admissions	116	Continence		8	Special Treatmer	nts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.2	Receiving Resp	oiratory Care	23.0
Private Home/No Home Health	50.4	Occ/Freq. Incontinen	nt of Bladder	60.7	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	1.5	Occ/Freq. Incontinen	nt of Bowel	37.7	Receiving Suct	ioning	0.0
Other Nursing Homes	3.8				Receiving Osto	omy Care	3.3
Acute Care Hospitals	14.3	Mobility			Receiving Tube	e Feeding	4.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	13.1	Receiving Mech	nanically Altered Diets	42.6
Rehabilitation Hospitals	0.0						
Other Locations	6.0	Skin Care			Other Resident (Characteristics	
Deaths	24.1	With Pressure Sores		4.9	Have Advance I	Directives	86.9
Total Number of Discharges		With Rashes		1.6	Medications		
(Including Deaths)	133	İ			Receiving Psyc	choactive Drugs	72.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	******	*****	*****	*****	*****	*****	*****	*****	*****
	Ownership:				Size:		ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	59.9	92.7	0.65	89.0	0.67	90.5	0.66	88.8	0.68
Current Residents from In-County	86.9	84.6	1.03	81.8	1.06	82.4	1.05	77.4	1.12
Admissions from In-County, Still Residing	17.2	20.5	0.84	19.0	0.91	20.0	0.86	19.4	0.89
Admissions/Average Daily Census	165.7	153.0	1.08	161.4	1.03	156.2	1.06	146.5	1.13
Discharges/Average Daily Census	190.0	153.6	1.24	163.4	1.16	158.4	1.20	148.0	1.28
Discharges To Private Residence/Average Daily Census	98.6	74.7	1.32	78.6	1.25	72.4	1.36	66.9	1.47
Residents Receiving Skilled Care	100	96.9	1.03	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	70.5	96.0	0.73	93.7	0.75	91.8	0.77	87.9	0.80
Title 19 (Medicaid) Funded Residents	77.0	54.6	1.41	60.6	1.27	62.7	1.23	66.1	1.17
Private Pay Funded Residents	9.8	32.6	0.30	26.1	0.38	23.3	0.42	20.6	0.48
Developmentally Disabled Residents	0.0	0.5	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	27.9	37.4	0.75	34.4	0.81	37.3	0.75	33.6	0.83
General Medical Service Residents	42.6	20.2	2.11	22.5	1.89	20.4	2.09	21.1	2.02
Impaired ADL (Mean)	46.9	50.1	0.94	48.3	0.97	48.8	0.96	49.4	0.95
Psychological Problems	72.1	58.4	1.23	60.5	1.19	59.4	1.21	57.7	1.25
Nursing Care Required (Mean)	10.0	7.0	1.44	6.8	1.47	6.9	1.46	7.4	1.35